

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/914152

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
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| 5 | | 2 | | | | |
| 6 | | 2 | | | | |
| 7 | | 2 | | | | |
| 8 | | 0 | | | | |
| 9 | | 0 | | | | |
| 10 | | 0 | | | | |
| 11 | | 0 | | | | |
| 12 | | 0 | | | | |
| 13 | | 2 | | | | |
| 14 | | 2 | | | | |
| 15 | | 2 | | | | |
| 16 | | 2 | | | | |
| 17 | | 2 | | | | |
| 18 | 1 | 2 | | | | |
| 19 | 1 | 0 | | | | |
| 20 | 1 | 0 | | | | |
| 21 | | 0 | | | | |
| 22 | | 0 | | | | |
| 23 | | 3 | | | | |
| 24 | | 0 | | | | |
| 25 | | 2 | | | | |
| 26 | 1 | | | | | |
| 27 | | 1 | | | | |
| 28 | | 2 | | | | |
| 29 | | 1 | | | | |
| 30 | | 1 | | | | |
| 31 | 1 | 1 | | | | |
| 32 | | 2 | | | | |
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| 36 | | 2 | | | | |
| 37 | | 2 | | | | |
| 38 | | 2 | | | | |
| 39 | | 2 | | | | |
| 40 | 1 | 1 | | | | |
| 41 | | 1 | | | | |
| 42 | | 1 | | | | |
| 43 | | 2 | | | | |
| 44 | 1 | 2 | | | | |
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| CLAIMS | | | | | | |

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